



HUMANITARIAN AID REQUEST FORM

World of Connections (WOC) is a program at Life Resources International Inc (501(c)(3) certified Non-Profit Organization), it was created by volunteers with the only purpose to connect international NGO organizations in countries in need with the NGO organizations capable of providing needed supplies. Everyone involved in this project is a volunteer. Therefore 100% of all donated goods and funds are used for humanitarian aid purposes. All donations and gifts are deductible to the full extent allowable under IRS regulations.

Upon receipt of Humanitarian Aid Request Form, WOC will aspire to aid in the following matters: locate willing NGO donors, fundraise and/or locate sponsors to cover shipping costs. File proper shipping documents for USA Customs, as well as, for the Customs of the final destination, assist in distribution report filing to donor organization, etc.

We are dedicated to helping others and looking forward to working with you.

Happy Connecting!!!

WOC Team.



SECTION 1: BASIC INFORMATION

DATE OF SUBMISSION:	
NAME OF PRIMARY USA CONTACT	Charita Shteynberg
EMAIL:	Charita.sht@gmail.com
PHONE:	201-310-2709
NAME OF ENTITY MAKING REQUEST:	
CONTACT NAME:	
EMAIL:	
WEBSITE:	
PHONE:	
ADDRESS:	
501 3 c CERTIFIED (or equal)	
WHERE, WHEN AND BY WHAT GOVERNMENT AGENCY WAS YOUR ORGANIZATION REGISTERED?	
REGISTRATION (Tax Id or equal)	
IS YOUR ORGANIZATION ENTITLED TO RECEIVE HUMANITARIAN CARGO TAXES AND CUSTOMS DUTIES FREE?	
DO YOU HAVE FUNDS TO PAY FOR DELIVERY? <i>(If yes, specify how many loads you can finance)</i>	



SECTION 2: PROPOSAL SUMMARY

TARGETED AREA	
DESCRIPTION OF SITUATION NECESSITATING A REQUEST. <i>(Give us a short description of the city {area, region, republic}, where your organization is working, what is a situation in the area. Please supply a brief statement describing the emergency necessitating the request.)</i>	
TARGETED BENEFICIARIES <i>(approx. Number of persons living there, main categories of persons in need and approx. Number of persons in each category) Who benefits from the proposed assistance or project?</i>	
PROJECT GOAL <i>(In brief, describe the goal of the project and intended impact of the material aid requested.)</i>	
NOTE TO DONORS	
PLEASE FEEL FREE TO ADD IMAGES CONCERNING TARGETED AREA.	
<div style="text-align: center; opacity: 0.5;"> </div>	



SECTION 4: DISTRIBUTION PLAN

MANAGEMENT OF DISTRIBUTION <i>(Names and emails of all who is responsible for managing and reporting on this project)</i>	
DETAILS ON THE HOW WILL YOUR ORGANIZATION DISTRIBUTE HUMANITARIAN AID YOU ARE GOING TO RECEIVE?	
DOES YOUR ORGANIZATION DISTRIBUTES BASED ON RELIGION, STATUS, HEALTH OR ANY OTHER CRITERIA <i>(If yes, please specify)?</i>	
PLEASE PROVIDE LIST OF PLANNED RECIPIENTS <i>(Name of organizations and locations of recipients.)</i>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
HAVE YOU DISTRIBUTED SIMILAR PROJECTS? <i>(if yes please provide references, feel free to attached web pages, pictures, newspaper articles and other possible information)</i>	

NAME OF REQUESTING ENTITY:

SIGNATURE:

DATE: